

## Nebraska Senior Health Insurance Information Program (SHIIP) Public and Media Activity Form

**Instructions:** This form is for all SHIIP Public and Media Activities. Use one form per activity, which can include in-person presentations, booths/exhibits, or media or internet activities.

### SECTION 1 - TYPE OF ACTIVITY (Check only one type of activity A-G)

<b>A. Interactive presentation to public</b> In-Person Video teleconference or satellite broadcast Estimated # of attendees: _____ Estimated # of people enrolled (If any): _____	<b>D. Web-site event</b> Web conference/forum Interactive chatroom Estimated # of people potentially reached: _____
<b>B. Booth/exhibit at health/senior fair, etc.</b> Estimated # of people potentially reached: _____ Estimated # of people enrolled (If any): _____	<b>E. TV/cable show (not a PSA or ad)</b> Estimated # of people potentially reached: _____ # times this show re-aired (if known) _____
<b>C. Radio show (not a PSA or ad)</b> Estimated # of people potentially reached: _____ # times this show re-aired (if known) _____	<b>F. Enrollment Event</b> Estimated # of people enrolled: _____
	<b>G. Other:</b> _____ <b>(e.g. PSAs, targeted informational mailing, newspaper/newsletter articles)</b> Estimated # of people potentially reached: _____ # times this PSA re-aired/re-printed/etc. (if known) _____

### SECTION 2 - ACTIVITY INFORMATION (Please provide the following information if applicable.)

<b>Date of activity:</b> ____ / ____ / ____ month / day / year  <b>Time of activity:</b> Start_____ Stop_____	<b>Event or group name:</b> _____
<b>If multiple dates:</b> ____ / ____ / ____ through ____ / ____ / ____	<b>Location of event:</b> <b>Address:</b> _____ <b>City, State, Zip:</b> _____ <b>County:</b> _____
<b>Total length of activity across all dates:</b> _____ hrs (round to nearest hour)	<b>Name(s) of Presenter(s):</b> _____
<b>Contact Name:</b> _____ <b>Contact Phone:</b> _____	<b>Type of Presenter(s):</b> SHIIP Staff/coordinator/sponsor SHIIP Counselor/volunteer Other: _____

### SECTION 3 - TOPIC FOCUS (Check all that apply)

Medicare (Parts A and B) Non-renewal situation Long-Term Care Medigap/Medicare Supplements Fraud & Abuse Medicare Prescription Drug Coverage (PDP/MA-PD)	Other Prescription Drug Coverage/Assistance Medicare Health Plans QMB/SLMB/QI Other Medicaid General SHIIP program information Other (specific health topics--ESRD, diabetes): _____
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### SECTION 4 - TARGET AUDIENCE (Check all that apply)

Medicare beneficiaries and/or pre-enrollees Family members/caregivers of Medicare benes. Low-income American Indian or Alaska Native Asian Black or African American	Hispanic or Latino Native Hawaiian or other Pacific Islander White, Not of Hispanic origin Disabled Rural Other (please describe, such as professionals): _____
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